

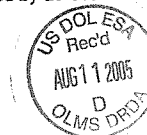
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U -

5935

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Robert J. Migliaccio, Sr.

P.O. Box, Bldg., Room No., if any

Street 1507 Rhode Island Avenue, N.E.

City Washington

State District of Columbia ZIP Code + 4 20018

4. Name, file number, and address of labor organization.

Name Ironworkers-AFL-CIO/ Ironworkers Local Union 201

Labor Organization File Number 038-236

P.O. Box, Building and Room Number, if any

Street 1507 Rhode Island Avenue, NE

City Washington

State District of Columbia ZIP Code + 4 20018

5. Position in labor organization.

Local Union Fund Trustee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/11/05

Date

(202) 529-6226

Telephone Number

Name of Person Filing Robert J. Migliaccio Sr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Ironworkers AFL-CIO / Ironworkers Local Union 201

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1507 Rhode Island Avenue, NECity WashingtonState District of Columbia ZIP Code + 4 20018

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers AFL-CIO / Ironworkers Local Union 201

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1507 Rhode Island Avenue, NECity WashingtonState District of Columbia ZIP Code + 4 20018

11.a. Nature of such dealing.

Attend Benefit Conference to learn about fiduciary duties, health plans & benefit plans in New Orleans, LA.

11.b. Approximate dollar value of such dealing.

2,997.45

12.a. Nature of interest held or income received.

registration fee paid on my behalf \$1,010.83
airfare paid on my behalf \$364.20
reimbursed expenses \$1622.42

12.b. Amount.

2,997.45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of person filing Robert J. Migliaccio Sr.

File number 0-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARK Asset Management Co. Inc.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 125 Broad StreetCity New YorkState New York ZIP Code + 4 10007

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers AFL-CIO - Ironworkers Local 201

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1507 Rhode Island Ave. NECity WashingtonState District of Columbia ZIP Code + 4 20018

11.a. Nature of such dealing.

ARK was trying to get us to do business with them but we declined as we are happy with who we have

11.b. Approximate dollar value of such dealing.

\$117.00

12.a. Nature of interest held or income received.

Dinner on 6-3-04 in Atlantic City, NJ averaging \$117.00 per person

12.b. Amount.

\$117.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.